



**INLAND COUNTIES EMERGENCY MEDICAL AGENCY**  
*Serving San Bernardino, Inyo, and Mono Counties*  
**515 N ARROWHEAD AVENUE**  
**SAN BERNARDINO, CA 92415-0060**  
**909-388-5823 FAX: 909-388-5825**

**MICN APPLICATION FOR RECERTIFICATION OR INACTIVE STATUS**

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**PRINT OR TYPE - ALL ITEMS MUST BE COMPLETED**

Legal Name: \_\_\_\_\_  
Last First Middle Sex (M/F)  
Address: \_\_\_\_\_  
Number & Street City State Zip  
Phone#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Drivers  
License #: \_\_\_\_\_ SSN #: \_\_\_\_\_  
Current  
Employer: \_\_\_\_\_ ACTIVE/INACTIVE: \_\_\_\_\_  
(Indicate Choice)

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**Submit copies (front & back) and list expiration dates for the following:**

RN License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
ACLS Exp. Date: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
ICEMA MICN #: \_\_\_\_\_  
Certified in a different name: \_\_\_\_\_

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**DOCUMENTATION OF EMPLOYMENT AS AN MICN**

TO BE COMPLETED BY A DESIGNATED BASE HOSPITAL WITHIN THE ICEMA REGION

I Verify that \_\_\_\_\_, RN License # \_\_\_\_\_ is currently/or will be employed at this facility as an MICN.

\_\_\_\_\_  
Facility Name Authorized Signature/Title Print Name Date

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*I hereby certify that the information listed is true and correct and that I am eligible for certification and am not precluded from certification for reasons defined in Section 1798.200 of the Health & Safety Code. I understand that any fraudulent entry on this application may be considered cause for denial or subsequent revocation of my certification. I hereby authorize ICEMA to verify any and all information contained herein and authorize release of any and all information as deemed relevant to the certification process and subsequent testing to my employer and/or assigned Base Hospital. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above.*

\_\_\_\_\_  
Date Signature

**THERE IS NO FEE REQUIRED FOR MICN RECERTIFICATION OR MICN INACTIVE STATUS**

**DOCUMENT CE REQUIREMENTS HERE FOR EITHER MICN RECERTIFICATION OR MICN INACTIVE STATUS**

FIELD TIME			
Reference Procedure 2d 'MICN Recertification' (8 hours/with or without an ALS contact)			
ALS Agency Name	ALS Contact (Y/N)	Date	Hours
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SKILLS DAY			
Reference Procedure 2e for recertification (1 ICEMA approved Skills Day)			
Reference Procedure 2c 'MICN Inactive Status' (1 for every year of inactivation)			
CE Provider Name	CE Provider #	Date	Hours
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FIELD CARE AUDITS			
Reference Procedure 2f for recertification (6 hours FCA obtained in the ICEMA region)			
Reference Procedure 2d for inactive Status (4 hours in the ICEMA region for every year of inactivation)			
CE Provider Name	CE Provider #	Date	Hours
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PROTOCOL UPDATE CURRICULUM (PUC) CLASSES			
Reference Procedure 2g for recertification/Procedure 2e for inactive status (1 for every year of inactivation)			
(2 different ICEMA PUC classes. 1 Class per year/per 2-year cert period. Class curriculum changes every July)			
(Recertification applicants not meeting this requirement must successfully pass the ICEMA written examination)			
CE Provider Name	CE Provider #	Date	Hours
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**REQUIREMENTS FOR MICN CERTIFICATION PROTOCOL 16001 EFFECTIVE 02/01/2003****MICN Recertification**

1. Possess a current California RN License and current ICEMA certification.
2. Submit the appropriate completed ICEMA Application with:
  - a. Written verification of employment at a designated Base Hospital within the ICEMA Region.
  - b. Copy of front and back of a current, signed ACLS Card.
  - c. Copy of front and back of current California RN License.
  - d. Documentation of eight (8) hours of field time with or without an ALS contact.
  - e. Documentation of one (1) ICEMA approved Skills Day.
  - f. Documentation of six (6) hours of field care audits obtained within the ICEMA region.
  - g. Documentation of two (2) different ICEMA Protocol Update Curriculum classes. Continuous certification applicants not meeting this requirement must successfully pass the ICEMA written Examination.
3. Current photo (within last 6 months) on file at ICEMA. Applicant may submit a driver's license size photo (no tinted glasses or hats) with their application.

**Inactive MICN Certification**

1. Maintain a current California RN License.
2. Submit the appropriate completed ICEMA Application with all of the following documentation every two (2) years of inactivation.
  - a. Copy of front and back of a current, signed ACLS Card.
  - b. Copy of front and back of current California RN License
  - c. Documentation of one (1) ICEMA approved Skills Days taken during each year of inactivation.
  - d. Documentation of four (4) hours of field care audits obtained within the ICEMA region for every year of inactivation.
  - e. Documentation of one (1) ICEMA Protocol Update Curriculum classes for each year of inactivation.

**Return to Active MICN Status**

1. Submit the appropriate ICEMA application with documentation of all inactive MICN Certification requirements and written verification of employment at a designated Base Hospital within the ICEMA Region.
2. Upon receipt of above documentation, and photo, the candidate will be scheduled for the ICEMA Exam.
3. Upon passing the ICEMA Written Exam with a passing score of 80%, a provisional MICN card will be issued.
  - a. A candidate who fails to pass the ICEMA written exam on the first attempt will have to pay the ICEMA approved fee and re-take the exam with a minimum score of 85%.
  - b. A candidate who fails to pass the ICEMA written exam on the second attempt will have to pay the ICEMA approved fee, and provide documentation of eight (8) hours of remedial training in relation to ICEMA protocols, policies/procedures given by their PLN and pass the ICEMA exam with a score of 85%.
  - c. If the candidate fails to pass the ICEMA exam on the third attempt, the applicant will have to take and pass the ICEMA approved MICN course.
4. The individual may then function as a provisional MICN under the direct supervision of either the Base Hospital MD, PLN, or ICEMA approved designee for a maximum of six (6) months. The supervising individual must "co-sign" all MICN call forms.
5. After obtaining a provisional MICN, the individual must complete a minimum of four (4) hours of field time and one (1) ALS contact with an approved ALS ground transport or non-transport provider, or eight (8) hours of field time without an ALS contact.
6. The PLN will choose three (3) tapes for review (one trauma, one medical and one other) and submit them to their partnered Base Hospital PLN for review.
7. When three (3) tapes meet ICEMA criteria, a MICN card will be issued for two (2) years from the date of application.
8. Failure to complete the entire process within one (1) year of application date constitutes failure of the entire process. The timeframe may be extended upon receipt of a request in writing from either the candidate or PLN outlining any extenuating circumstances